

# Position Paper



## Speech Pathology Services in Schools

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## Summary Statement

- It is the position of the Association that access to appropriately structured speech pathology services in schools is integral to the achievement of educational outcomes for students with special needs in communication and/or oro-motor functioning.
- This paper aims to:
  - up-date and document the general philosophy and rationale for accessing speech pathology services in schools
  - list major models of service delivery and innovations shaping current practice
  - outline major issues for consideration by relevant stakeholders.
- Speech pathologists are employed through various means to work with school-aged children and adolescents. Work in the school setting allows speech pathologists to practice as part of the education team, aiming to facilitate student access and participation in curriculum programs and the achievement of education outcomes, including literacy.
- Within this contextual team-framework, speech pathologists have a specialist role to play in services to students with special needs in communication and/or special needs in oro-motor functioning.
- Over the years, speech pathologists working in schools have pioneered a range of assessment and intervention models, including those with a curriculum and literacy focus. Innovative service delivery approaches continue to be developed, expanding the scope of practice of the profession and complementing the expertise of other members of the education team. The speech pathologist's role in education is a specialty within the speech pathology profession.
- The speech pathologist's role in the facilitation of student education outcomes is distinct from those of regular classroom teachers and specialist teachers with expertise in communication difficulties.
- As demand for school-based services increases, processes to manage caseload sizes of speech pathologists need to be negotiated and approved at all levels of management to ensure the provision of equitable, safe, quality speech pathology services to students.
- Managers of speech pathology services in schools are encouraged to formally document protocols for clinical and service management, as outlined in the *Principles of Practice* (2001), to inform all stakeholders of approved standard procedures and to highlight areas for strategic development.
- Speech pathologists need to be aware of the legal implications and responsibilities of working with students in schools. They are required to adhere to all approved policies and procedures (i.e., workplace health and safety guidelines, child protection policies, service management guidelines) of schools, employing bodies and/or service purchasers and to comprehensively document all areas of activity in line with the *Principles of Practice* (2001).
- Speech pathologists working in education often provide services to a number of schools. As outlined in the *Principles of Practice* (2001), an itinerant service necessitates specific resourcing both in a base location and in each school where services are provided. Travel demands impact significantly on the nature of the service provided by the speech pathologist.
- The speech pathologist retains professional responsibility for the speech pathology input into education programs for students with special needs in communication. Within the education team, the speech pathologist also has primary responsibility for the diagnosis of speech & language impairment, communication disability and oro-motor disability in students.
- In line with the *Code of Ethics* (2000), *Principles of Practice* (2001) and the *Scope of Practice* (2002), it is recommended that speech pathologists working in schools participate in ongoing training and development in order to provide quality speech pathology services to students.

## 1 Aims of the Paper

This paper provides a guide to good practice in school-aged education as defined by speech pathologists in Australia. It is addressed to:

- speech pathologists working in schools
- other speech pathologists who provide services to school aged students
- those employing or purchasing the services of speech pathologists to work in schools
- consumer groups who access speech pathology services in schools.

The paper can also be used to inform government authorities, members of the educational team, consumers and the public about the major role speech pathologists have to play in the education of school-aged children and adolescents. It outlines key recommendations for organising and structuring these services, highlighting issues and areas for further development.

Speech pathologists throughout Australia are employed in various ways to assist schools in the delivery of appropriate programs to students. Between states and between organisations, there is significant variation in the work parameters and employment conditions of speech pathologists working in schools. This paper describes processes and issues relevant to most services provided in school settings by speech pathologists. Where information is not applicable across the board, specific mention will be made.

## 2 Client Groups

In Australia, speech pathologists in schools may be employed by education authorities, community services, hospitals, other health services, non-government agencies, or may be in private practice. Private practitioners may be contracted by parents, schools or by the entities listed above. As such, there is variation in terms of defining the “client” of the speech pathology services in schools – be it the family, school, school cluster, education authority or other agency. The “client” influences the purpose and processes used to structure the service. Ultimately however, students with special needs in communication and/or oro-motor functioning remain the focus for all speech pathology services delivered in schools.

Some information in this paper may not apply to private practice services delivered in school-sites. The unique issues relevant to this group have been highlighted in section 9, “Special Consideration: The Private Speech Pathologist in Schools”.

## 3 Definitions

### 3.1 School-aged Students

The concept of a “school” is becoming more diverse, with differences in the entry and exit ages of students (0-19years) and the nature of programs delivered in school-type educational facilities (Organisation for Economic Cooperation and Development, 2002). While there are a number of education facilities in which speech pathologists work (*Scope of Practice*, 2002), this paper refers to services provided for children and adolescents attending Australian preschool, preparatory classes, primary, secondary and special education facilities coordinated by government and non-government sectors. The age and type of students enrolled in these facilities and their eligibility for the speech pathology service will be based on local and state/territory policies and procedures.

### 3.2 School Students with Special Needs in Communication

“Students with special needs in communication” is a broad term that includes all students with needs in communication regardless of the cause or underlying diagnosis. It includes:

- students who experience **communication difficulties** that arise from a wide range of extrinsic factors, such as limited opportunity to communicate, or a mismatch between the language, dialect, and/or communication styles used at home and at school. It includes issues with cultural and linguistic diversity (CLD) for children from Aboriginal and Torres Strait Island (ATSI) and non-English speaking backgrounds.
- students with **communication disabilities**, which may result from speech, language, physical, intellectual, hearing, vision or multiple impairments. Communication disability is a disability in generating and sending messages, and/or receiving and understanding messages. Communication disabilities can be transient or permanent and range from mild to severe.

The term “special needs in communication” may involve the following (see Appendix 1 for definitions):

- articulation
- phonology
- comprehending language
- processing and/or using language
- voice
- fluency
- metalinguistics
- pragmatics, social skills, behaviour
- semantics
- syntax
- morphology
- aspects of literacy, numeracy, problem-solving and general learning
- communication modes.

Students with severe communication difficulties may be non-verbal, have limited expressive language, or be unintelligible or very difficult to understand.

Some students’ special needs in communication will be apparent early in school life manifested as unclear speech or difficulties in understanding and using oral language. Other students’ needs may become apparent later when literacy development, general learning or social skills are affected.

Based on empirical studies of Australian and other English-speaking school-aged populations, students with special needs in communication represent up to 14% of the school population (Blum & Rosenthal, 1992; Blum-Harasty & Rosenthal, 1992; Harasty & Reed, 1994). There may be regional differences, particularly considering issues of cultural and linguistic diversity associated with children from Aboriginal and Torres Strait Island (ATSI) and non-English speaking backgrounds (Australian Bureau of Statistics, 1999).

Difficulties in communication may impact on a child’s ability to participate in classroom activities, to interact with the teacher and with peers, to understand directions, to retain new information, to reason, to use their language for a variety of purposes in curriculum activities and to learn to read and write (Catts & Kamhi, 1999; Cazden, 1988; Dockrell & Lindsay, 1998; American Speech-Language Hearing Association, 2001; Stothard, Snowling, Bishop, Chipchase & Kaplan, 1998, Goswami, 2002).

### 3.3 School Students with Special Needs in Oro-motor Functioning

Some students have special needs in oro-motor functioning related to speech-language, physical and/or multiple impairments. Oro-motor functioning includes:

- eating
- drinking

- swallowing
- saliva control
- speaking.

Difficulties may affect any or all of these areas and impact on:

- effective communication
- health and nutrition
- social interaction (ASHA, 2000).

#### **4 Rationale for access to speech pathology services in schools**

The primary focus of the education team is to provide students of all ages in schools with appropriate curriculum programs to facilitate development and the achievement of educational outcomes.

The education team may be comprised of parents/guardians, teachers, teacher-assistants and other paraprofessionals, administrators, special educators, guidance officers, school counsellors, psychologists, speech pathologists and other therapists, fellow students and the school community.

An “educational outcome is the intended result of the learning-teaching process that can be observed and demonstrated. Outcomes are embedded in a range of incidental and planned contexts that relate to children’s cognitive, emotional, social, communicative and problem solving capabilities. They describe essential learnings about what children know, can do, can learn about themselves and can learn about getting along with others” (Education Queensland, 2002).

Education authorities have a responsibility to provide appropriate educational programs to all students enrolled in schools. As learning and other higher level cognitive functions are mostly mediated through oral and written language (Vygotsky, 1986), students with special needs in communication and/or oro-motor functioning may require assistance to access the school curriculum, participate in activities and achieve education outcomes. Functional language, communication and oro-motor skills are essential in all aspects of civic life, including health and well-being, education and training, family and social relationships, recreation, and work. It is well documented that difficulties in language, communication and oro-motor functioning have major implications for:

- school success
- self-esteem
- independence
- peer relations
- literacy and numeracy development
- behaviour and problem solving
- occupation
- economic self-sufficiency (Communication Disability and Speech-Language Impairment, 1993; American Speech-Language Hearing Association, 2000; Leigh & Lamorey, 1996; Westby, 1997).

Speech pathologists, as part of the education team, have expertise to offer in the management of children and adolescents with special needs in communication and/or oro-motor functioning. Evidence suggests that significant value is added to school programs when teaching professionals are able to collaborate with speech pathologists to implement appropriate educational provisions for students with special needs across the curriculum on a daily basis (Wright & Graham, 1997; ASHA, 2000; ASHA, 2001; Kerrin, 1996; Stothard et al, 1998; Goswami, 2002; Stainback & Stainback, 1998; Bradley, King-Sears & Tessier-switlick., 1997).



## 5 Client Services

### 5.1 Service Delivery

Speech pathologists working in schools provide services in metropolitan, regional and rural settings. In Australia, speech pathologists in schools may be employed by education authorities, community services, hospitals, other health services, non-government agencies, or may be in private practice. Private practitioners may be contracted by parents/guardians, schools or by the entities listed above. As such, speech pathology services in schools may vary depending on the location, setting, facilities, nature of the “client”, the student needs, historical factors, available resources (including the provision of related support services), organisational context and system priorities. Speech pathologists working in education environments may utilise a range of service delivery models including (for example):

- consultancy and provision of resources/support materials
- collaboration with members of the education team in the development of curriculum, appropriate assessments and individual education programs
- whole-class screening and programming with teachers
- co-delivery of curriculum activities in the classroom
- home, individual and group programming

(See sections 6.2 “Prioritisation”; 6.6 “Assessment”; 6.8 “Intervention” for further examples of service delivery options.)

An individual speech pathologist may work concurrently within a number of different:

- service delivery models
- student populations
- facilities.

Service delivery may be reviewed to meet changing needs of key stakeholders, influenced by:

- general factors
  - local, state/territory, and federal policies and procedures
  - philosophies, policies and priorities of the employing body or service purchaser
  - students’ eligibility for services (e.g., geographical area covered by the service)
  - settings: government/non-government schools, regular/special school settings;
- service factors
  - availability of speech pathology staff (including existence of speech pathology staff vacancies)
  - location: metropolitan, regional, rural
  - types of educational facilities (e.g. preschool, special education, state school)
  - number of educational facilities served by the speech pathologist
  - school enrolments
  - availability of other support services, including speech pathology services from other agencies delivered within the school and general geographic area
  - material and financial resources;
- programming factors
  - individual student’s needs
  - cultural and language diversity
  - opportunities to group students with similar needs
  - available time from students, parents, teachers, special educators, teacher aides, administrators and others
  - available time from others to assist in compiling/facilitating therapy programs
  - opportunities to provide in-service training for school staff

- opportunities to provide parent training programs;
- professional factors
  - the speech pathologist's experience and expertise in educational contexts
  - consultancy skills.

The speech pathologist must always be involved in any service delivery negotiations. It is recommended that the organisation of speech pathology services in schools and the influencing factors be documented and reviewed at regular intervals by service managers and speech pathologists in collaboration with appropriate school personnel.

## 5.2 Prioritisation

Within each education facility, school-based speech pathologists have ongoing, informal contact in classrooms and school grounds with large numbers of students (i.e., those on the current caseload, waiting lists, previous clients), parents and teachers. In some special facilities, for example, they can potentially receive informal and formal requests for support in relation to all students enrolled in the school. International patterns suggest that demands placed on speech pathology services in schools will continue to grow as a result of increased awareness at a system level of the:

- impact of communication disability on student learning and education outcomes
- value of input from a speech pathologist into the education program for an increasingly diverse range of students
- need to satisfy minimum standards of clinical practice in light of legislative requirements and policy guidelines of the education authority (Wright & Graham, 1997; ASHA, 2002).
- 

In the light of static resources to meet this growing demand, employing bodies, service purchasers, managers and schools need to acknowledge the need for a prioritisation system for the service, effectively managing caseload sizes of individual speech pathologists in order to:

- allow provision of quality services appropriate to student needs, in line with professional standards of practice
- ensure human resource maintenance (i.e., workload issues impacting on staff satisfaction with work, motivation, health, well-being, absenteeism, turnover).

Potential conflicts arise with prioritisation in relation to anti-discrimination legislation governing the actions of educational authorities. For example, it is unlawful for educational authorities to discriminate:

- on the basis of age and impairment
- by denying or limiting access to any benefit arising from the enrolment that is supplied by the authority
- by treating a student unfavourably in any way in connection with the student's training or instruction (*Queensland Anti-Discrimination Act 1991* 7 (1), 39; Australian Human Rights and Equal Opportunity Commission).

In addition, the *Code of Ethics* (2000) states that members of the association "do not unfairly discriminate on the basis of race, religion, gender, sexual preference, marital status, age, disability, contribution to society or socio-economic status" (p. 3).

Therefore, it is highly recommended that managers seek legal guidance and formal approval of any prioritisation processes and service guidelines at a system level to ensure prioritisation practices are not perceived to be discriminatory. This is necessary as part of risk management to protect staff against litigation in the course of performing their normal duties. Concurrently, where supported by adequate data from the speech pathology service and schools, it is recommended that education authorities advocate for the necessary resources to support students with special needs in communication. Strategies need to be found to address any identified barriers. An example is provided from New Zealand where several scholarships were offered to encourage people to

undertake tertiary study in speech-language pathology as part of the Minister of Education's (2002) commitment to improving student access to appropriate support services.

Approved service guidelines and prioritisation protocols, based on available evidence, provide a framework for schools and speech pathologists. This ensures consistency of key prioritisation principles across the organisation, while allowing some flexibility to meet local service needs and preferences of the school community.

Within the approved service guidelines, it is recommended that school administrators and speech pathologists negotiate workloads and suitable service delivery models. All stakeholders need to be provided with information about the prioritisation process used to clearly define the speech pathology caseload.

When services are provided by itinerant staff, schools may wish to nominate contact people to accept responsibility for making and/or communicating decisions about priorities and caseloads. Support to be provided to schools for the period may be agreed and documented in service plans, specifically naming the students to receive input from the school-based speech pathologist and the nature of this support.

Ongoing monitoring of these service plans is necessary to assist with documentation of outcomes. Protocols need to be established for the possible renegotiation of priorities in response to more urgent requests for support throughout the school year. Grievance and advocacy processes should also be considered to respond to the needs of schools, students and families.

In developing service plans, it must be noted that changes in service delivery do not equate with greater numbers of students receiving service. For example, the provision of a quality consultancy service may require as much time as the provision of individual programming. Consultancy is a powerful service delivery option and requires adequate funding to satisfy "proxy" legal requirements (see "Legal Issues" section) and the *Principles of Practice* (2001).

For the purposes of prioritisation, service guidelines may include estimates of the number and nature of activities in a day. The services offered to schools may vary throughout the school year, depending on local management guidelines. Over time, the nature of speech pathology input into a student's education program may vary.

For itinerant services, several factors need to be considered when negotiating the number of facilities visited by an individual speech pathologist. For example:

- efficient organisation of travel time/arrangements
- effective use of the speech pathology service in each school, i.e., utilising the services of specialist teachers with expertise in communication disorders when appropriate
- employment conditions, including hours of duty, meal breaks and travel
- student factors
- the number, size and nature of the facilities, including the number of students with significant support needs
- distance between facilities
- geographical isolation
- available level of staffing and resources
- service delivery model
- historical support level to the school.

The recommended caseload size documented in service guidelines will vary depending on whether the speech pathologist is required to cater for factors such as:

- students with mild, moderate, severe and/or multiple disabilities
- system or student priorities, for example:
  - early intervention
  - standard procedures for determining the education provision to students with disabilities
  - alternative and augmentative communication (AAC) programming.

There is a need to review and document workload parameters appropriate for the Australian context, allowing for factors such as percentage of the working week required for student related services, clinical service management, teaching and training, research and documentation of outcomes (*Principles of Practice*, 2001; ASHA, 2000). Caseload determination, for example, may involve consideration of the following:

- student-related factors (i.e., diversity related to:)
  - educational implications of the communication needs: access, participation and learning
  - nature and severity of the communication needs and/or oro-motor difficulties
  - communication strengths, education needs and emerging abilities
  - other education priorities at the time
  - history of previous/recent intervention;
- time for implementing policies and processes for the educational provision of students with disabilities, learning difficulties, English as a second language, and literacy and numeracy needs;
- preferences of teachers, school communities, parents and students;
- time for service-related activities such as:
  - service planning
  - program preparation
  - assessment planning and follow-up
  - developing and accessing resources
  - attending specialist appointments with students
  - writing reports, letters and other documents;
- time for other “system” requirements
  - planning and preparation of in-service training for others
  - attending speech pathology training and development programs
  - liaison with other team members and other agencies
  - community liaison, education, and public relations
  - professional supervision and performance appraisal
  - supervision of undergraduate students, work experience students, and program facilitators
  - attending professional network and special interest groups
  - record keeping and data collection
  - budgeting
  - purchasing materials;
- models of organising services in the negotiation of service plans, i.e.:
  - presenting a continuum of service delivery options to schools
  - breaking the daily timetable and/or working week up into discrete periods of time for priority tasks
  - breaking the annual service up into blocks of time for focused tasks during each semester;
- other relevant factors.

The number of students supported in a given year is in part a reflection of the service model focus. These service models must be reflective of evidence based practice and incorporate action research processes.

### 5.3 Team Work

Speech pathologists and teachers play different but complementary roles in education. Teachers are responsible for teaching and learning in curriculum areas. Speech pathologists working in schools focus on how students with special needs in communication and/or oro-motor functioning access and participate in these curriculum areas and achieve competencies in interpersonal communication, literacy, numeracy, and other curriculum areas.

#### The Role of Team

The speech pathologist working in schools is able to function as a member of a team involved in the student's education. Sharing knowledge and skills is essential for the best outcome for students. The education team may be comprised of parents/guardians, teachers, teacher-assistants, administrators, special educators, guidance officers, school counsellors, psychologists, speech pathologists and other therapists, fellow students and the school community. It is of paramount importance that all team members, both inside and outside the school, work together to provide a coordinated and holistic approach to the student.

#### The Role of Speech Pathologist

The role of the speech pathologist in schools may include one or more of the following:

- practitioner: undertaking assessment and management of students' special needs
- consultant: providing information, resources and advice on the management of students to other educators and families
- educational team member: working collaboratively with a range of personnel
- educator: imparting theoretical and practical information about students and services to school personnel, parents, and community
- clinical supervisor of tertiary level students: disseminating expertise regarding the impact of special needs in communication on educational outcomes
- researcher: addressing professional and service issues.

### 5.4 Referral

Referral to speech pathology services in educational facilities operates in accordance with the service guidelines of the employing body or service purchaser. It is recommended that a referral procedure for the school and/or employing body or service purchaser be established and adhered to. A standard referral form may be appropriate. All forms are required by law to have a privacy statement outlining the purposes for which the information will be used. Receipt of referrals should be acknowledged to the referral agent. The service guidelines, documenting the referral process, must be available to any interested party and should be updated as appropriate.

The process of referral from teachers and others should be optimised by speech pathologists providing in-service training for teaching staff. This will ensure that teachers can identify and screen students before referral, appropriate referrals are made, and that teachers provide the speech pathologist with adequate and appropriate information regarding the student.

### 5.5 Consent

It is necessary that written consent from the parent/guardian for student assessment, information gathering, and sharing of information with other team members be obtained prior to any contact with the student. It is recommended copies of these forms be kept in the speech pathology file and school file.

### 5.6 Information Gathering, Assessment and Diagnosis

Within the educational team, the speech pathologist has primary responsibility for the diagnosis of speech and language impairment, communication disability and oro-motor disability in students. This will be based on assessment and information gathered from parents, educators and other professionals in order that all available information is accessed.

Assessment may take place over a number of sessions, may involve a range of formal and informal procedures, and may take place within a school, the speech pathologist's base location or in another

appropriate environment. Ongoing assessment of a student's abilities and progress occurs throughout the duration of intervention.

Assessment serves several functions:

- providing information about underlying causes and educational barriers
- identifying areas of strength and weakness to guide instruction in the classroom
- providing a baseline for monitoring the student's progress
- informing decision-making regarding the therapy and educational program
- determining eligibility for additional funding or access to special resources.

Actions following assessment may include:

- no further action/termination of service
- intervention
- review
- reporting
- referral to appropriate professionals and services
- collaborative planning, i.e., development of an individual education plan (IEP)
- advocacy for resources and support.

It is recommended that:

- case history, education history and any relevant information regarding the student obtained from parents/guardian, educators and other professionals be recorded
- completed assessment record forms, in addition to any assessment reporting, be kept; notation may also be required in the student's school file.
- reports of assessments be shared with the student's parents/guardians and teachers if appropriate
- all outcomes be documented (see section 6.13 "Written Reports and Documentation").

## **5.7 Goal Setting**

One important aspect of speech pathology services in schools is the opportunity to link specific speech pathology intervention goals with broader learning goals in the education program. For example, this process could include:

- identifying communication and or oro-motor functioning goals that will impact on access and participation in learning across the curriculum e.g., asking questions
- selecting key learning outcomes from relevant curriculum and syllabus documents, i.e., English
- selecting goals based on participation in specific classroom program activities, i.e., targeting specific vocabulary related to a theme.

## **5.8 Intervention**

The speech pathologist retains professional responsibility for the speech pathology input into the student's education program.

The method, timing and duration of intervention are negotiated by all key team members. Factors that may be considered include:

- assessment findings of the speech pathologist
- assessment findings of other personnel
- the educational implications of the problem (behaviour, social skills, work samples, literacy skills)
- degree of need in communication and/or oro-motor functioning
- the importance of early intervention
- the student's perception of the problem
- the student's motivation
- the parents' concern
- the teachers' concern

- prognosis for effective outcomes
- available time of the speech pathologist, student, teacher, facilitator and parent/guardian
- availability of suitable programs
- other priority demands.

Programming may take the form of:

- advising teachers/caregivers on classroom management and appropriate strategies for identified students
- supporting teachers/caregivers to adapt lesson plans and curriculum in both mainstream and special settings
- assisting teachers/caregivers to access appropriate resources and activities for individual, group, or class programming
- regularly scheduled individual or group program conducted by the speech pathologist/s with follow-up by a facilitator/proxy (i.e., parent, volunteer, or other school personnel)
- regularly scheduled class program collaboratively developed and implemented by speech pathologist and teacher for an individual or group with ongoing involvement of the speech pathologist
- individual or group program developed by the speech pathologist and conducted by a facilitator/proxy with scheduled speech pathologist monitoring
- individual or group program developed and implemented by the educational team
- conducting training for facilitators that is relevant to students' specific needs
- being involved in individual educational planning and programming for identified students
- supporting and facilitating inclusion/integration of students with special needs in the areas of communication and oro-motor functioning.

During intervention, it is recommended that the following be recorded for the purposes of quality improvement and accountability:

- goals and strategies
- safety procedures
- degree of speech pathology involvement and details of facilitator tasks and responsibilities
- any change from planned intervention together with a rationale for the change
- any occasion where intervention is questioned or refused by the student, parent/guardian or school personnel
- student progress in terms of communication and/or educational outcomes.
- 

There are many types of intervention programs, strategies and resources appropriate for use in education settings, such as:

- oral language activities developed around popular picture books and literature
- speech, phonological awareness, social skills and oral language activities to enhance learning across the curriculum using knowledge of learning styles, visual communication, assistive technology and other strategies to assist students to:
  - organise and retain information
  - comprehend oral and written language, curriculum content, sound awareness and letter correspondences
  - express needs and ideas
  - be independent in the school and community
- inclusive practices and curriculum modifications.

(Note: These are provided as examples only - a full description of the intervention strategies and resources used by school-based speech pathologists is beyond the scope of this paper.)

It should be noted that following successful intervention in the early years of schooling, further support for the student may be required when the academic demands increase to another level of abstraction, e.g., later primary school; secondary school (Paul, 2000).

## **5.9 Review and Termination of Speech Pathology Service**

A student may be placed on review either:



- following assessment: the student is reviewed at regular intervals to monitor his/her developmental progress
- following therapy: the student is reviewed at regular intervals to monitor his/her abilities and progress.

Criteria for termination of service should be agreed locally and clearly defined. Parents/guardians have the right to withdraw a student from the speech pathology service.

Recommendations about the termination of service for a student are made by the speech pathologist, with decisions made according to approved guidelines, in conjunction with school personnel and the parents/guardian of the student. It is recommended that:

- the rationale for review and/or termination of service be recorded in the speech pathology student file, after it has been discussed with the student, parent/guardian and appropriate team members
- student files should be kept after termination of service according to system and legal retention schedules.

### **5.10 Education of Others**

To facilitate understanding of the educational implications of special needs in communication and/or oro-motor functioning, it is recommended that speech pathologists be involved in the design and delivery of professional development activities for:

- teachers, paraprofessionals and other personnel, and administrators in schools
- personnel from other sections of the education authority
- parents and the community
- personnel from other departments and agencies
- student teachers
- curriculum authorities (e.g. Northern Territory DEET, 2002).

They may also be involved in training facilitators (i.e., teaching personnel, volunteers, or other school personnel) to assist in intervention. It is recommended that the employing body, service purchaser and/or school provide standards for the training of facilitators. It is recommended that speech pathologists working in schools be familiar with guidelines provided by the Association regarding speech pathology assistants. The legal implications and responsibility of the speech pathologist where other persons are implementing the intervention program are detailed in the “Proxy Intervention” section under section 8.6 “Legal Issues”.

### **5.11 Student Supervision**

It is recommended that employing bodies, service purchasers, and schools support the tertiary education of speech pathologists to assist in the development of skills required in educational settings. This support may include:

- involvement in the course and/or in research projects
- facilitating supervision of speech pathology students within educational settings.

### **5.12 Curriculum and Policy**

To assist with the dissemination of expert knowledge regarding the educational impact of special needs in communication and/or oro-motor functioning, it is recommended that speech pathologists play an active role in curriculum and policy development. This may include:

- acting as resource for school communities and education authorities in preparing policies relating to students with special needs in communication and/or oro-motor difficulties
- participating in school curriculum development related to language and literacy and learning
- participating in school planning related to speech pathology services to students with special needs.



### **5.13 Written Reports and Documentation**

The following standards and guidelines are similar to those for all speech pathology caseloads as outlined in *Competency Based Occupational Standards for Speech Pathologists* (Speech Pathology Australia, 2001). It is recommended that documentation standards be in accordance with the policies and procedures of the employing body or service purchaser.

It is the professional responsibility of the speech pathologist to keep accurate records for all activities including assessment and diagnosis, intervention, review and termination of service.

Guidelines for confidentiality and access to records should be observed.

It is appropriate to provide reports to team members, as requested, at any point in the provision of services, provided this is consistent with workplace guidelines and the written consent of the parent or guardian is obtained.

Privacy legislation requires that written consent be obtained from the parent/guardian for information to be released to any personnel outside of the school.

It is recommended that reports on the results of assessment, diagnosis, intervention, review and termination of service be written in a style tailored to the recipient and in accordance with the school and employing body's or service purchaser's procedures, and that they be signed and dated.

Whenever possible, it is recommended that translations of reports be made available to parents/guardians who express a preference for this and/or have limited English literacy skills.

In many circumstances, it would be appropriate to offer to meet with parents/guardians (possibly with an advocate) to discuss the report face-to-face, allowing opportunities for clarification and questions.

## **6 Services Management**

### **6.1 Basic Qualifications and Skills**

Speech pathologists working with school-aged students are expected to perform competently as outlined in *Competency Based Occupational Standards for Speech Pathologists* (Speech Pathology Australia, 2001). It is recommended that they also have knowledge of and skills to fulfil minimum standards for services to students in schools. All speech pathologists providing services to school-aged children, either when working within the school setting or when making education-related recommendations, are encouraged to undertake professional development related to the educational provision of students with special needs in communication.

This professional development may be in the form of networking with colleagues recognised as education specialists, participating in mentor programs, attending relevant training, workshops and conferences presented by the education authority or work-shadowing an appropriately experienced school-based speech pathologist.

The nature of the appropriate skill mix required to deliver the speech pathology service will depend on the identified caseload within the school/s.

### **6.2 Specialist Skills**

Speech pathologists working in schools can also develop specialist skills in specific areas within the total student population, for example, students with phonological difficulties, hearing impairment, augmentative communication or early intervention.

A speech pathology education specialist is one who is recognised by their speech pathologist colleagues as having expertise with regard to working in schools. For example, these speech pathologists may have developed expertise in the areas of:

- inclusive practices, pedagogy (the methods of teaching) and curriculum modifications
- literacy and numeracy requirements across key learning areas and related outcomes of students with special needs in communication
- developing communication and oro-motor skills of students within the school curriculum and contextual team framework.

These speech pathology education specialists are encouraged to:

- assist fellow speech pathologists (within their organisation, outside agencies and private practice; Speech Pathology Australia networks) to appreciate the unique nature of services provided to students through a school-based model
- develop and disseminate appropriate professional resources for use in the school setting
- conduct appropriate research to develop the body of evidence related to school-based practices.

### **6.3 Recruitment and Selection**

It is recommended that job/person specifications be prepared to reflect the skills required to fulfil a position. Minimum qualifications to be employed or practise as a speech pathologist are:

- degree in speech pathology, or equivalent, from an accredited institution;
- it is recommended that speech pathologists be eligible for practising membership of Speech Pathology Australia.
- registration with the Speech Pathologists' Board of Queensland (in Queensland only);

A senior speech pathologist should be involved during selection and recruitment of speech pathologists to ensure personnel with appropriate qualifications and competencies are selected.

### **6.4 Induction/Orientation**

Induction is essential for a newly appointed speech pathologist who is consolidating specific speech pathology skills as well as learning about the education setting. Induction of speech pathologists working in schools is a joint responsibility of a senior speech pathologist, a designated employer administrator, and/or school principal/s. For speech pathologists not directly employed by an education department or school, an orientation to the school and to departmental processes is highly recommended.

Induction of speech pathologists working in educational settings should include initial orientation and ongoing induction conducted throughout the first year of employment. There may be a gradual uptake of a caseload over a period of time.

Topics that may be suitable for inclusion in an induction program are listed in the section 7.5 "Training and Development".

### **6.5 Training and Development**

Speech pathologists working in schools require ongoing training and development as described in the *Principles of Practice* (2001). This requires support from employing bodies, service purchasers, and schools. Areas to be covered include, for example:

- education specific speech pathology skills
  - the role of speech pathologists in education
  - speech pathology assessment and programming in education
  - channels of communication and information exchange
  - resources: local, regional, and statewide
  - range of working situations e.g. cross-cultural, distance
  - current curriculum developments

- relationship with speech pathologists in other agencies
- tertiary and post graduate Masters' student supervision
- appropriate service delivery models;
- specialist speech pathology skills
  - student populations
  - disorder groups
  - program types (i.e., whole-class groups, intensive programs);
- schools' procedures and practices
  - structures and roles of personnel: schools, work unit, regions, department, government
  - local school information
  - departmental and relevant government policies and initiatives
  - conditions of employment
  - administrative practices;
- education and general professional skills
  - resources: local, region, statewide
  - working in teams
  - negotiation and consultation skills
  - school development planning and review
  - literacy programs
  - management responsibilities
  - curriculum
  - adult learning styles.

Ongoing training and development should be provided both at the school level and by specialists outside the school. Employing bodies, service purchasers and schools need to provide assistance in accessing appropriate training and development. This may take the form of:

- inclusion in school/education training and development
- guest specialist presenters
- conference/seminar leave and/or funding for registration/ travel/ accommodation costs.

A senior speech pathologist has a direct training role for speech pathologists working in schools in profession-specific areas.

Training and development may also be provided within local area speech pathology networks. As speech pathologists working in schools often work in geographic isolation from their colleagues, speech pathology networks should be fostered by school and local area structures to:

- enhance quality services
- provide professional support
- assist in the provision of profession-specific training and development.

## **6.6 Professional Supervision**

It is recommended that professional supervision of speech pathologists working in schools be undertaken by a senior speech pathologist. Professional supervision includes direct and indirect support to speech pathologists, co-development of quality assurance projects, identification of training and development needs and performance appraisal.

## **6.7 Employee Relations and Industrial Issues**

It is recommended that speech pathologists employed in schools by education authorities, community services, hospitals, other health services or non-government agencies seek membership

of an appropriate organisation, eg. union for representation and support in employee relations matters and industrial issues, such as (for example):

- enterprise bargaining agreements
- job security
- reasonable workloads
- reasonable hours
- fair classification
- reasonable training
- travel allowances
- balancing work and family
- workplace bullying
- support to professionals in regional and remote areas.

Speech pathologists in private practice are advised to obtain legal assistance with the drawing up of contracts.

## **6.8 Budgets**

A budget for speech pathology services includes, for example:

- salaries and on-costs for employment of speech pathologists
- administrative costs (e.g., travel, postage, telephone)
- professional development costs (e.g., staff training and development)
- educational materials for students (e.g., photocopying)
- purchasing specialist materials (e.g., original tests and test forms)
- operational costs (e.g., utilities, cleaning)
- special project costs.

The cost of speech pathology services in schools includes more than salary costs alone. Consideration must be given to the nature of the service, the number of students requiring support, the wide range of support needs within the local area, the number of facilities receiving service, and the specialist materials required.

## **6.9 Facilities**

Speech pathologists employed in schools usually provide an itinerant service. This necessitates specific resourcing in both the base location and each school where speech pathology services are provided, as outlined in the *Principles of Practice* (2001). Speech pathologists in private practice may include access to such resourcing in the contract with the client or may charge fees to cover the provision of facilities themselves.

In each school where speech pathology services are provided, speech pathologists require an appropriate quiet, private room large enough to accommodate appropriate furniture, speech pathologist, students, and family members. It should be accessible by wheelchair, contain a washbasin and lockable storage facilities, and allow easy access to toilets and car parking facilities. The speech pathologist also needs access to telephone, photocopier, fax, computer facilities, expendable materials, and educational materials (e.g., books, puzzles, CDs) from the school.

Similarly, at the base location, speech pathologists also require facilities for administration: suitable desk and chair, telephone, facilities for storage of resources, a secure filing system for confidential information, and ready access to photocopying facilities, a fax machine, and computer facilities (with email and internet access) provided by the school. Private practitioners may provide these facilities for themselves.

The provision of speech pathology services near noisy areas, including music and physical education areas, is inappropriate.

Speech pathologists require access to classrooms to observe/assess students, to collaborate with teachers, to demonstrate management strategies if requested and to implement programs in the classroom.

## **6.10 Specialised Equipment and Resources**

Speech pathologists working in schools require a range of formal and informal tests appropriate to the student group(s), an adequate supply of original test forms (copyright regulations), access to audio-visual equipment including a tape-recorder and video camera, and specialist materials including kits, programs, books and toys, audio-visual equipment, computers (CD driver, email and internet services, technical support) and specific communication technology provided for them. Private practitioners may be expected to provide their own equipment of this nature.

The ongoing replacement of equipment due to damage through use and outdating must be factored into budgets. Provision of specialised equipment and resources may be coordinated across a number of schools by administrators.

If services are provided to rural and remote locations, consideration should be given to the use of communication technology to supplement travel to these locations, i.e., mobile phones, instant communicators.

## **6.11 Expendable Materials**

Speech pathologists working in schools require a broad range of expendable materials including original test forms, paper, pens, cardboard, scrap books, glue, folders, audio and video tapes, disposable gloves and tongue depressors. Photocopying of test forms breaches copyright. For an employee/contract speech pathologist, these materials are expected to be provided by the employer. Private practitioners may provide these materials themselves.

## **6.12 Human Resource Support**

The employee/contract speech pathologist requires support for administrative duties including answering phone calls/taking messages, typing/word processing, record keeping, data collection and the preparation of materials for programs and inservice provided by the school.

Regardless of the employment model used, it is recommended that individual schools contribute to the administrative support for services to students in their school. For example, each school should establish processes for collaborative program planning between teachers and speech pathologists. This may include negotiation of teacher release time. Each school should establish processes for the implementation of programs developed by the speech pathologist. Implementation of these programs may involve:

- speech pathology assistants (these may be therapy aides or teacher aides)
- class teachers
- parents of identified students
- school-based special educators
- visiting teachers (including those with expertise in communication disorders)
- other educators
- volunteers
- personnel from other agencies.

## **6.13 Travel**

If the employee/contract speech pathologist is required to travel to locations other than the base, adequate and safe provision should be made for accommodation, communication and transport. Options for transport include:

- vehicle supplied by the employing body
- private vehicle reimbursement
- taxi vouchers
- plane travel.

Given that speech pathologists often need to carry large amounts of equipment, public transport is not an option.

## 6.14 Workplace Health and Safety Issues

Documents outlining workplace health and safety policies and procedures should be available to speech pathologists working in schools. Relevant policy and guidelines should address:

- emergency procedures, including evacuation, accident and first aid management
- hygiene and related practices to minimise disease transmission
- investigative procedures including oro-motor, eating, and drinking assessment
- observation of medical information and treatments
- behaviour management
- general procedures including manual handling and workplace health and safety.

It is recommended speech pathologists working in schools access other relevant position papers and information on best-practice based on available research.

## 6.15 Quality/Improving Performance

This section applies to all speech pathologists working in schools, regardless of the nature of the employment or contract. Speech pathology services in schools must be based on:

- respect for individual differences
- a social justice framework
- the Speech Pathology Australia *Code of Ethics* (2000).

Speech pathologists in schools aim to address issues for students with special needs in communication and or/swallowing at the level of the impairment, activities of daily living and level of participation (WHO, 2001).

Services must:

- address the special needs of the students and school communities as negotiated
- be an integrated part of the educational program provided by the educational team
- provide intervention strategies relevant to optimum achievement in education
- develop and implement performance indicators and outcome measures that provide quantitative and qualitative information with which to evaluate the service.

Evaluation of speech pathology services is a joint responsibility of the speech pathologist, senior speech pathologist, designated employing body or service purchaser administrator and/or school administrator. It should include:

- service review within and across schools
- quality assurance projects
- performance appraisal of speech pathologists
- ongoing monitoring of speech pathologists' training and development
- monitoring of student outcomes
- evaluation of therapy programs (ongoing monitoring of students' progress, information gathering from parents/guardians and teachers, and by efficacy studies within and across facilities).

## 7 Legal Issues

The following matters should be considered by speech pathologists working in schools.

### 7.1 Code of Ethics

Speech pathologists should adhere to the Speech Pathology Australia *Code of Ethics* (2000) and to any codes, directions or principles applicable to the body employing the speech pathologist (e.g., Code of Conduct for the Victorian Public Sector).

## 7.2 Knowledge and Skills

Speech pathologists working in schools should understand and possess the skills to meet standards for speech pathology services documented in this position paper. The employing body or service purchaser may determine the level of skill which it requires prior to appointment of the speech pathologist. All speech pathologists should understand the Competency Based Occupational Standards (CBOS) for Speech Pathologists (Speech Pathology Australia, 2001).

Speech pathologists should undertake any mandatory training required of employees of the employing body or service purchaser, i.e., workplace, health and safety training, child protection training

## 7.3 Speech Pathologists' Responsibilities

Individual speech pathologists' responsibilities will usually be identified in their position description, employment contract, contract for services, or policies and procedures of the school, the employing body, or service purchaser.

However, regardless of the specified responsibilities, the law imposes a duty on all speech pathologists to exercise reasonable care and skill in the provision of advice and treatment (i.e., an obligation to exercise the "standard of care") where the speech pathologist owes a duty of care (see section 8.4 below).

## 7.4 Duty of Care

A speech pathologist owes a duty of care to another person where the speech pathologist ought reasonably to foresee that their conduct may be likely to cause loss or damage to a class of persons to which the other person belongs. On this basis, it is clear that speech pathologists owe a duty of care to their students. Speech pathologists may also owe a duty of care to their employing body or service purchaser.

Where a speech pathologist owes another person a duty of care and the speech pathologist breaches the standard of care required (either by a specified act, a failure to act, or providing misleading information or advice), the speech pathologist may be liable for damages in a civil action brought by or on behalf of the person to whom the speech pathologist owed the duty of care.

## 7.5 Standard of Care

The standard of care which must be exercised by a speech pathologist is the reasonable care and skill of the ordinary skilled speech pathologist exercising or professing to have this special skill. It is important to note that an inexperienced speech pathologist must meet the standard of a reasonably competent and experienced practitioner providing speech pathology services. Accordingly, a speech pathologist who is aware that they lack the required level of skill in a particular area must seek further advice and guidance immediately. Such further advice and guidance may involve requesting support from a more experienced speech pathologist, the employing body or the service purchaser.

The courts will determine the standard of care required of a speech pathologist in each particular case. In the past courts have found medical practitioners to be negligent, i.e., to have breached the standard of care required, notwithstanding that the medical practitioner's treatment was in accordance with a practice accepted as proper by a reasonable body of medical opinion skilled in the relevant field. However, a court must have strong reasons for substituting its judgement for the clinical opinion of the medical practitioner where it has been properly arrived at and is supported by a responsible body of medical opinion. Accordingly, speech pathologists' advice and treatment should always be in accordance with practices accepted as proper by a reasonable body of opinion skilled in speech pathology, but speech pathologists should be aware that acting in such a manner will not automatically preclude a court from finding them negligent. Further, it is important that speech pathologists are aware of recent literature in their field, current best practices carried out by others in their field, and the Speech Pathology Australia *Code of Ethics* (2000).



## 7.6 “Proxy” Intervention

Where a speech pathologist does not carry out an intervention personally, and instead instructs and/or supervises another person carrying out the intervention, the speech pathologist may be liable for any negligence resulting from the intervention, irrespective of the fact that the speech pathologist was not carrying out the intervention personally. The law refers to this as “vicarious liability” and it may render the speech pathologist liable where their agent or “proxy” breaches the duty of care owed by the speech pathologist while the “proxy” acts as a representative of the speech pathologist. Therefore, it is necessary for “proxies” to exercise the same standard of care as that required of the speech pathologist instructing or supervising them, and for all documentation (i.e., Individual Education Plans, progress notes, negotiated contracts) regarding “proxy” interventions to be maintained. In addition, the service plans must include adequate time and resources to train “proxies” and monitor programs.

## 7.7 Consent for Speech Pathologist Involvement

The speech pathologist must obtain the student’s consent prior to providing speech pathology services, including assessment, to the student. The student must be informed in broad terms of the nature of the treatment to be provided prior to giving consent. Consent should be in writing and is invalid unless it is voluntary. A student under the age of 18 years can consent to the provision of speech pathology services, provided the student has sufficient intelligence and maturity to understand the nature and consequences of the particular treatment. Where the student lacks the capacity to consent, or their capacity to consent is in doubt, the consent of the student’s parent or guardian must be obtained.

All processes employed by speech pathologists should adhere to privacy legislation and freedom of information legislation.

## 7.8 Indemnity Cover and Insurance

It is the responsibility of speech pathologists working in schools to ensure they have appropriate professional indemnity insurance cover. Professionals should be aware that there may be instances where the employing body will not necessarily indemnify them for their actions. It is recommended that all practising Speech Pathology Australia members have professional indemnity insurance.

Speech pathologists should clarify the insurance situation for accidental loss, theft or damage to resources during transport with their insurer.

## 7.8 Service Guidelines

It is recommended that the speech pathologist adhere to all approved guidelines of the employing body in terms of clinical and service management.

## 7.9 Summary

In summary, a speech pathologist working in schools should:

- Adhere to the Speech Pathology Australia *Code of Ethics* and any employing body’s code of conduct
- Adhere to the code of conduct and all relevant policies/service guidelines of the employing body
- Not undertake intervention that is outside their experiences or expertise as a professional
- Not overstate their expertise
- Seek advice from senior speech pathologists and/or fellow professionals as appropriate
- Prior to treatment, obtain the student and/or parent/guardian’s consent to treatment
- Keep the student and parent/guardian well informed of the intervention program
- Keep up-to-date with professional developments
- Ensure that proxies receive training
- Undertake all mandatory training
- Keep accurate records



- Ensure that all advice given to the student, parent/guardian, professionals or staff is documented
- Keep copies of all reports
- Adhere to the code of conduct and all relevant policies/service guidelines of the employing body
- Keep up-to-date with report writing
- Ensure that the student environment is safe
- Ensure that there is adequate professional indemnity insurance cover

## **8 Special Considerations: The Private Speech Pathologist in Schools**

This section discusses issues that relate specifically to private speech pathologists working in schools.

### **8.1 Case Management**

It is important that private practitioners working within the school setting retain responsibility for speech pathology management of cases while taking into consideration the preferences of the “client” of the service – be this the family, school, school-cluster, private association, department or education authority.

### **8.2 Processes**

It is recommended that private practitioners, in partnership with other key stakeholders, discuss and document appropriate processes to be used within a school setting. It is important for a school to address various issues related to the employment conditions of private practitioners and processes such as:

- recruitment and selection
- nature and preferences of the “client” – be it family, school, school-cluster, private association, department or education authority
- teamwork, ongoing education and training, supervision and support
- prioritisation decisions, models of service delivery, negotiated plans and goal setting
- shared access to resources and facilities
- distinction between a ‘casual contract speech pathologist’ (i.e., employee) and engaging the services of private practitioner.

This discussion may be particularly useful in instances of dual servicing (i.e., when a school or student is serviced by speech pathologists employed in different ways).

### **8.3 Contracts and Fees**

A written contract between the private speech pathologist and the “client” is recommended in order to specify the service to be provided within the school setting. Open communication between stakeholders during and after negotiation is recommended for shared understanding of the scope and nature of the service. This discussion should cover the negotiation of fees for the service, accounting for time associated with preparation, test scoring and interpretation, report writing, travel and all associated costs, such as training and development and purchasing specialist resources specifically for the student. Parties may seek legal advice before agreeing to the terms of the contract.

### **8.4 Insurance Issues**

Private speech pathologists working in schools should seek:

- professional indemnity insurance
- income protection insurance
- public liability insurance.

## **8.5 Memberships**

As well as being eligible for practising membership of Speech Pathology Australia, it is recommended that private practitioners consider membership of the relevant private practitioners association in their area.

## **8.6 Support for Education-related Training and Development**

The private practitioner may negotiate financial and logistical support from the education authority to access appropriate education-related training and development.

## **8.7 Ownership of Files**

It is recommended that speech pathologists clarify the situation regarding ownership of files in their state and workplace. Once again, discussion will centre around important distinctions between casual “contract” employees and school-based private practitioners.

## **8.8 Equipment and Facilities**

Unless agreement to access on-site resources has been reached with the educational institution, private speech pathologists are expected to use their own appropriate core equipment. Use of education facilities and office equipment may be provided free of charge to facilitate student access to the school-based service and collaboration with teaching staff.

# **9 Current Issues and Future Directions**

## **9.1 Workload Issues**

In order to provide quality services to students, it is vital for the education authority to maintain a stable core of experienced speech pathologists. Anecdotal evidence suggests that excessive caseload size is a factor in problems related to continuity of services to students as a consequence of staff turnover.

To support students within available resources, many speech pathologists are requested to take short-cuts, e.g., through provision of programs for others to implement without provisions for adequate training, monitoring and review. This leaves the speech pathologist vulnerable in terms of “proxy” liability.

International research (ASHA, 2000) has highlighted an urgent need to limit the caseload sizes for speech pathologists working in schools in response to growing demands and unrealistic workloads placed on speech pathologists in schools.

For these reasons, employing bodies, service purchasers, and schools need to develop appropriate prioritisation processes to be approved by the education authority. It is also recommended that speech pathology staffing be linked to identified student needs.

## **9.2 Access and Equity**

Currently, many students with special needs in communication and/or oro-motor functioning do not have access to appropriate levels of speech pathology services. In some instances, prioritisation decisions are made in response to parent advocacy or political pressure. Unmet need will continue to grow as demand for school-based services increases. All agencies servicing school-aged children face similar human resource limitations, with mounting pressures to discharge clients as a caseload management strategy and refer them to other service providers.

It is recommended that professionals from services within schools and across agencies work together to streamline processes where possible, educate each other about the issues faced and to provide relevant data to advocate for further resources at a higher administrative system level. As such, it is recommended that speech pathology staffing be linked to identified student needs.

### 9.3 Scope of Practice

Service delivery models in schools are moving increasingly towards models with a focus on curriculum and educational outcomes (*Scope of Practice*, 2002) to the benefit of students. Speech pathologists working with school-aged students are challenged to continue developing their scope of practice and increase the range of effective intervention models at their disposal.

It is recommended that school-based speech pathologists:

- continue to explore innovative methods of assessment, intervention and service delivery
- explore ways to measure the 'value' of the service in terms of improving education outcomes of all students and those with special needs in communication, enriching evidence based practice.

### 9.4 Professional Isolation

Speech pathologists working with school-aged children often work in isolation from colleagues of their own profession. This is often a factor in:

- staff turnover
- inconsistencies between the clinical practices and recommendations made by different service providers
- accidental dual-servicing.

It is recommended that employing bodies, service purchasers and schools support speech pathologists to participate in a range of networks such as contact with other speech pathologists working in education, across-agency service providers, private speech pathologists, other educators and professionals. Service guidelines and budgets need to reflect tangible commitments such as time, travel and accommodation.

### 9.5 Career Paths

It is recommended that employing bodies, service purchasers, and schools review, develop and promote career paths of speech pathologists within education fields, thereby assisting staff retention.

### 9.6 Training and Development of Speech Pathologists Working in Schools

Speech pathologists working in schools require ongoing training and development in specialist speech pathology skills in addition to organisation-specific training that can be provided at the school level.

It is recommended that employing bodies and schools provide assistance in accessing appropriate training and development. Avenues to facilitate dual trained speech pathologist/teachers may be considered.

### 9.7 Training of Speech Pathology Students

It is recommended that there be promotion in entry level courses of the speech pathology services in schools and ongoing content development regarding appropriate assessment, intervention and service delivery models. Collaboration and support from education authorities and universities is recommended to provide students with clinical placements in education settings.

### 9.8 Teacher Education

It is recommended that within tertiary/postgraduate teaching courses, avenues be explored for increased inclusion of topics such as speech and language development, assisting students with special needs in communication and the role of speech pathologists.

## **9.9 The Importance of Language and Communication**

Oral language and communication are vital in all aspects of life and impact on the achievement of education outcomes. Speech pathology services in schools offer expertise to assist the learning of all students. It is recommended that speech pathologists continue to provide input into the development of general education policy and curriculum frameworks at a national, state and local school level.

## **10 Review**

Regular review of this paper by speech pathologists working regularly in schools will ensure the practices described here continue to be representative of the professions' standards of practice. This paper is to be reviewed initially in three years from the date of ratification by Council, and every three years thereafter.

## 11 Appendix 1: Definitions

### **Articulation**

The use of articulators (i.e., lips, tongue, jaw, teeth, palate) to produce and connect speech sounds (i.e. vowels and consonants).

### **Assessment**

In speech pathology, assessment is the formal and informal gathering of information to:

- provide information about underlying difficulties;
- identify areas of strength and weakness;
- diagnose speech-language impairment, communication disability and disabilities in oromotor functioning
- provide a baseline for monitoring student progress;
- inform decision-making regarding the therapy and educational program.

### **Augmentative and alternative communication (AAC)**

The use of aids or techniques that supplement, replace or facilitate existing vocal or verbal communication skills; for example, use of sign, gestures, object symbols, picture boards, or voice output communication aids.

### **Caseload**

Defining the number and nature of students (both within and across specific education facilities) supported by an individual speech pathologist during an identified time period.

### **Communication**

The process of the exchange of meaning through listening, speaking, viewing, signing, symbols, gesture, facial expression, reading and writing.

### **Communication difficulties**

Barriers to communication development and learning that are extrinsic (i.e., external) to the child; for example, the social or emotional environment, others' expectations, limited communication opportunities.

### **Communication disability**

A disability in generating and sending messages, and/or receiving and understanding messages. This may result from speech-language, physical, intellectual, hearing, vision or multiple impairments. It can be mild to severe, and transient or permanent.

### **Diagnosis**

The identification of a disease, disorder or impairment by analysis of the symptoms presented; may include a study of the origin and development of the symptoms. Diagnosis relates to the impairment or disability and is distinct from identification and analysis of individual student needs.

Speech-language pathologists diagnose speech-language impairment, communication disability and oro-motor disability in an equivalent way that hearing impairment, vision impairment, physical impairment and intellectual impairment are diagnosed by a range of professionals, i.e., audiologists, ophthalmologists, paediatricians, psychologists.

### **Disability**

Any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal.

### **Educator**

Those personnel who plan and implement educational programs for students; including teachers, speech pathologists, occupational therapists, physiotherapists, support teachers.

### **Facilitator**

The person who implements the therapy programs. This may be a parent/guardian, teacher, peer, other educator, or speech pathology assistant (teacher aide, volunteer, allied health worker, etc.).

**Fluency**

The normal rhythm and pattern of speech. Dysfluency, or stuttering, is disruption in this rhythm and pattern.

**Impairment**

Any loss or significant difference regarding psychological, physiological, or anatomical structure or function. It is characterised by losses or significant differences that may be temporary or permanent.

**Individual education plan**

A legal document developed by the education team outlining the provisions taken to cater for the individual education needs of a student with a disability.

**Intrinsic/extrinsic factors**

In relation to a child's underlying capacity to communicate: intrinsic factors include the presence of impairments, etc. Extrinsic factors are those outside the child which have an impact on the child's ability to communicate. Management of special needs in communication are based on establishing the nature of the barriers to learning.

**Language**

The conventional symbolic code for communication between people according to semantic, grammatical and social rules.

**Learning**

A higher order cognitive process based on retention of information for acquisition of knowledge or skills through study, teaching, discovery and experience.

**Linguistics**

The scientific study of the nature and function of language; includes phonology, morphology, syntax, and semantics.

**Linguistic symbols**

Conventional symbols that are used to carry meaning: that is, sounds in words in speech, and letters in words in writing.

**Literacy**

Involves the integration of listening, speaking, reading and writing with critical thinking; and includes the cultural knowledge which enables the speaker, writer or reader to recognise and use language appropriate to different situations.

**Metalinguistics**

The awareness of language as an entity; using language to describe language.

**Morphology**

The system that governs the structure of words and the construction of word forms

**Oro-motor functioning**

The oral movements of eating, drinking, swallowing, saliva control and speaking.

**Phonology**

The sound system of a language and the rules governing sound combinations.

**Prognosis**

The prediction concerning the course, duration, termination, and recovery from a disease or disorder; prediction of the outcome of a proposed course of treatment.

**Pragmatics**

The system that combines the form and content components of language in functional and socially appropriate communication.

**Problem-solving**

A cognitive process involving the identification of relevant issues in a given situation and/or devising and testing possible solutions.

**Service plan**

A document outlining the nature/type of service provided to specific students in a school during a period of time and other priority tasks to be delivered.

**Semantics**

The system that governs the meanings of words and sentences.

**Speech and language impairment**

An impairment in the use of linguistic symbols for communication leading to problems in comprehension and expression of language and its associated functions, including learning. Speech-language impairment is an impairment discrete from hearing, vision, physical or intellectual impairment.

**Speech pathologist**

A professional with specialist knowledge, expertise and competence in communication and oro-motor development, normal functioning, and disabilities, and how these relate to development and learning. Some states or organisations may refer instead to speech-language pathologists or speech therapists.

**Speech pathology services**

In the educational context, services involving the speech pathologist are provided to maximise educational outcomes for students with special needs in communication and oro-motor functioning. This includes a range of program options (e.g., therapy with students, consultation with teachers, community education) and activities which enhance quality and effective services (e.g., networking, quality assurance activities). Some states or organisations may refer instead to speech-language therapy services or speech therapy services.

**Syntax**

The system governing the order and combination of words to form sentences and the relationships among the elements within a sentence.

**Voice**

The sound produced by the vibrations of the vocal folds and modified by structures in the oral and nasal areas.

**Workload parameters**

Specific indicators used to define a realistic and equitable workload associated with a school-based speech pathology service and/or specific position, making provision for demands associated with the size and nature of caseloads, preferred service delivery models, travel, system requirements and professional requirements to meet *Code of Ethics* (2000), *CBOS* (2001) and the *Principles of Practice* (2001). Many indicators are associated with education outcomes, supported by ongoing action research.

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